COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHARMA 100

As a below named inventor, I hereby declare that:

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My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought of the invention entitled:

METHODS OF TREATING LEUKEMIA

is attached hereto.			
was filed as United Sta	ates application	•	
Serial No. <u>09/536,45</u>	9		
on <u>March 28, 2000</u>		•	
and was amended			
on <u>March 28, 2000</u>			(if applicable).
□ was filed as PCT inter	national application	•	
Number			
on			
and was amended under	er PCT Article 19		
on			(if applicable).
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I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §119 of the following United States Provisional Application and of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119		
United States	60/126,734	March 29, 1999	■ YES □ NO		
United States	60/126,813	March 30, 1999	■ YES □ NO		
	·		O YES O NO		

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	mbined Decl			plication ar	d Power	of Attorney (Co	ntinued)	ATTORNEY'S DOCKE PHARMA 100	T NUMBER
	designating the not disclosed acknowledge th	United States in that/those e duty to disc	of America that prior application lose material info	is/are listed be n(s) in the ma ormation as def	clow and, ins nner provide ined in Title	any United States a sofar as the subject r ed by the first parag 37, Code of Federa ational filing date of	natter of e graph of T I Regulati	ach of the little 35, tons, §1.56	claims of this ap Inited States Co	pplication is de. §112. I
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POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); Catherine M. Joyce (40,668); James T. Moore (35,619), James E. Ruland (40,921), Nancy Axelrod (44,014) and Jennifer J. Branigan (37,432) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.										
	Send Correspo	2	MILLEN, WHIT Arlington Courth 2200 Clarendon E Arlington, Virgin	ouse Plaza I, S Boulevard		AN, P.C.	Felephone 703/24	No. 3-6333		ephone Calls to: /813-5325
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	FULL NAME OF INVENTOR				FIRST GIVEN NAME Henriette			SECOND GIVEN NAME		
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<u> </u>		. John Manipon			 					
_	FULL NAME OF INVENTOR	FAMILY NAME Giles			FIRST GIVEN NAME Francis			SECOND GIVEN NAME J.		
2					STATE OR FOREIGN COUNTRY			COUNTRY OF CITIZENSHIP		
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- -	POOT OFFICE				CITY			STATE & ZIP CODE/COUNTRY		
	POST OFFICE ADDRESS	l .		Rm.	Houston		Texas 77030			
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	POST OFFICE ADDRESS	STREET			CITY		STATE & ZIP CODE/COUNTRY			
2	FULL NAME OF INVENTOR	FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN NAME			
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Combined Declaration for Patent Application and Power of Attorney (Continued) ATTORNEY'S DOCKET NUMBER (Includes Reference to PCT International Applications) PHARMA 100 FULL NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 STATE OR FOREIGN COUNTRY RESIDENCE & CITY COUNTRY OF CITIZENSHIP CITIZENSHIP 5 POST OFFICE CITY STREET STATE & ZIP CODE/COUNTRY ADDRESS **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP 6 POST OFFICE CITY STREET . STATE & ZIP CODE/COUNTRY ADDRESS **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP 7 POST OFFICE STREET STATE & ZIP CODE/COUNTRY ADDRESS **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 STATE OR FOREIGN COUNTRY RESIDENCE & COUNTRY OF CITIZENSHIP 0 CITIZENSHIP 8 POST OFFICE STATE & ZIP CODE/COUNTRY STREET ADDRESS SECOND GIVEN NAME **FULL NAME FAMILY NAME** FIRST GIVEN NAME OF INVENTOR 2 **RESIDENCE &** CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 CITIZENSHIP 9 POST OFFICE STATE & ZIP CODE/COUNTRY STREET ADDRESS **FULL NAME** FIRST GIVEN NAME SECOND GIVEN NAME FAMILY.NAME OF INVENTOR 2 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 1 CITIZENSHIP 0 POST OFFICE STATE & ZIP CODE/COUNTRY STREET **ADDRESS** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE 207 · Gourdean 5 mai 2000 SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE 208 DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR 203 209 SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR 204 DATE SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR 205 SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR

COMBINED DECLARATION FOR PAILOT APPLICATION AND POWER OF ATLORNEY Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHARMA 100

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe plural na	I am the original, first mes are listed below) of	and sole inventor (if only one name is the subject matter which is claimed and	listed below) or an original, first I for which a patent is sought of	and joint inventor (if the invention entitled:
		METHODS OF TREATING	LEUKEMIA	
the speci	fication of which (check	only one item below):		<u>-</u> .
0	is attached hereto.			·
B	was filed as United St	ates application		
	Serial No. <u>09/536,45</u>			
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	on March 28, 2000			. •
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	on <u>March 28, 2000</u>		(if ap	oplicable).
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I hereby	·.·	ed and understand the contents of the	above-identified specification in	cluding the claims as
	by any amendment refe		· · · · · · · · · · · · · · · · · · ·	oracing are oranic, as
		information which is material to the p	atentability of this application in	accordance with Title
37, Code	e of Federal Regulations	§1.56(a).		٠.
I hereby	claim priority benefits ur	der Title 35, United States Code, §119	of the following United States Pr	rovisional Application
		or patent or inventor's certificate or of States of America listed below and ha	· · · · · · · · · · · · · · · · · ·	
patent or	inventor's certificate o	r any PCT international application(s)	designating at least one country	other than the United
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IOR U.S. P	ROVISIONAL AND FOREI	GN/PCT APPLICATION(S) AND ANY PRIC	ORITY CLAIMS UNDER 35 U.S.C. 1	19:
COUNTRY (if PCT, indicate *PCT*)		APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
τ	United States	60/126,734	March 29, 1999	□ YES □ NO
<u></u>	United States	60/126,813	March 30, 1999	□ YES □ NO·
				□ YES □ NO

____ ATTORNEY'S DOCKET NUMBER Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications) PHARMA 100 I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application: U.S. APPLICATION NUMBER U.S. FILING DATE PATENTED PENDING ABANDONED U.S. SERIAL NUMBERS PCT APPLICATION NO. PCT FILING DATE ASSIGNED (if any) POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); Catherine M. Joyce (40,668); James T. Moore (35,619), James E. Ruland (40,921), Nancy Axelrod (44,014) and Jennifer J. Branigan (37,432) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Send Correspondence to: MILLEN, WHITE, ZELANO & BRANIGAN, P.C. Telephone No. Direct Telephone Calls to: Arlington Courthouse Plaza I, Suite 1400 703/243-6333 703/813-5325 2200 Clarendon Boulevard Arlington, Virginia 22201 Partie (Callette Land FAMILY NAME FULL NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR Gourdeau Henriette 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP Canada 1 Montreal Canada POST OFFICE STREET STATE & ZIP CODE/COUNTRY ADDRESS 3821 Hampton Montreal QC H2A 2K7 FAMILY NAME FIRST GIVEN NAME FULL NAME SECOND GIVEN NAME OF INVENTOR Giles Francis 2 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 2 Houston Texas United States of America STATE & ZIP CODE/COUNTRY POST OFFICE STREET CITY ADDRESS 1515 Holcombe Boulevard, Rm. Texas 77030 Houston B8-4324 FULL NAME **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 3 POST OFFICE STREET STATE & ZIP CODE/COUNTRY

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STATE OR FOREIGN COUNTRY

SECOND GIVEN NAME

COUNTRY OF CITIZENSHIP

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ADDRESS FULL NAME

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.										
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